

NIBRS INCIDENT REPORT—LONG FORM

State of South Dakota

Agency Name: _____ Agency ORI Number: _____

Administrative Segment

1. Incident #: _____ 2. Type of Incident: _____ 3. Date Incident Reported: _____ 4. Time Incident Reported: _____

5. Occurrence Date/Hour: _____ *6. Occurred on or Between: Beginning Date: _____ Ending Date: _____

*7. Geocode: _____ Beginning Hour: _____ Ending Hour: _____

*8. Address of Incident: _____
(Street, City, State & Zip)

*9. Department Code: _____ *10. State Case #: _____ *11. NCIC #: _____

12. Reporting Officer: _____ 13. Officer ID: _____ *14. Date of Last Activity/Update: _____

15. Name of Individual Reporting Incident: _____

Offense Segment

16. UCR Offense Code: <input type="text"/>	17. Offense Status: <input type="text"/> (A) Attempted (C) Completed	18. Offender Suspected of Using: <input type="text"/> (A) Alcohol (C) Computer Equipment (D) Drugs/Narcotics (N) Not Applicable	<input type="text"/> <input type="text"/> <input type="text"/>
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19. Suspected Bias Motivation:
(Enter only one)

Racial Bias:	Religious Bias:	Ethnicity/National Origin Bias:	Sexual Orientation Bias:	Disability Bias:
(11) Anti-White	(21) Anti-Jewish	(31) Anti-Arab	(41) Anti-Gay	(51) Anti-Physical
(12) Anti-Black	(22) Anti-R. Catholic	(32) Anti-Hispanic	(42) Anti-Lesbian	(52) Anti-Mental
(13) Anti-Am. Ind./Alaskan Native	(23) Anti-Protestant	(33) Anti-Other Ethnicity/Natl. Origin	(43) Anti-Homosexual (Gay & Lesbian)	(88) None
(14) Anti-Asian/Pacific Islander	(24) Anti-Islamic (Muslim)		(44) Anti-Heterosexual	(99) Unknown/Other
(15) Anti-Multiple-Races, Group	(25) Anti-Other Religion		(45) Anti-Bisexual	
	(26) Anti-Multiple Religions, Group			
	(27) Anti-Atheist/Agnostic, etc.			

20. Hate/Bias Indicators: (Enter up to three)	21. Location Type: (Enter only one)	
(01) Words <input type="text"/>	(01) Air/Bus/Train Terminal	(10) Field/Woods
(02) Symbols <input type="text"/>	(02) Bank/Savings & Loan	(11) Government/Public Building
(03) Gestures <input type="text"/>	(03) Bar/Night Club	(12) Grocery/Supermarket
(04) Series of Incidents	(04) Church/Synagogue/Temple	(13) Highway/Road/Alley
(05) Holiday/Date	(05) Commercial/Office Building	(14) Hotel/Motel/Etc.
(06) Recent Public Focus	(06) Construction Site	(15) Jail/Prison
(07) Neighborhood Change	(07) Convenience Store	(16) Lake/Waterway
(08) Damage to a Symbol	(08) Department/Discount Store	(17) Liquor Store
	(09) Drug Store/Dr.'s Office/Hospital	(18) Parking Lot/Garage
		(19) Rental/Storage Facility
		(20) Residence/Home
		(21) Restaurant
		(22) School/College
		(23) Service/Gas Station
		(24) Specialty Store
		(25) Other/Unknown

22. Number of Premises Entered: <input type="text"/>	23. Method of Entry: <input type="text"/> (F) Force (N) No Force	24. Specific Method of Entry (How?): (Enter only one) <input type="text"/> <div style="display: flex; justify-content: space-between;"> <div> No Force (00) Unknown Entry (01) Unsecured </div> <div> Force (04) Used Key (05) Body Force/Kicked (06) Pried </div> <div> (07) Picked/Slipped Lock (08) Cut/Broke Padlock (09) Twisted Doorknob </div> <div> (10) Sawed (11) Cut/Broke Glass (12) Other </div> </div>
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25. Point of Entry/Exit: (Maximum two Entries, two Exits)	Entry	Exit	26. Type of Criminal Activity: (Enter up to three)
(01) Front	(09) Balcony/Fire Escape	(17) Adjacent Room	(B) Buying/Receiving
(02) Rear	(10) Wall	(18) Wall/Fence	(C) Cultivating/Manufacturing/Publishing
(03) Side	(11) Floor	(19) Other	(D) Distributing/Selling
(04) Attic	(12) Roof/Sky Light	(20) Unknown	(E) Exploiting Children
(05) Vent/AC	(13) Hidden Within		(O) Operating/Promoting/Assisting
(06) Window	(14) Basement		(P) Possessing/Concealing
(07) Door	(15) Upper Level		(T) Transporting/Transmitting/Importing
(08) Patio/Sliding Door	(16) Roof		(U) Using/Consuming

27. Type of Weapon/Force Involved: (Enter up to three) (For 11-15 use "A" if Automatic), i.e. 11A	28. Gambling: <input type="text"/>
(11) Firearm	(35) Motor Vehicle
(12) Handgun	(40) Personal Weapons (hands, fists, feet)
(13) Rifle	(50) Poison
(14) Shotgun	(60) Explosives
(15) Other Firearm	(65) Fire/Incendiary Device
(20) Knife/Cutting Instrument	(70) Drugs/Narcotics
(30) Blunt Object	(85) Asphyxiation
	(90) Other Weapon
	(95) Unknown
	(99) None

29. Evidence Collected: (Enter up to ten most important)

(01) None	(06) Fibers	(11) Other Prints	(16) Stains	(99) Other
(02) Blood	(07) Fingerprints	(12) Paint	(17) Tool Markings	
(03) Bullet	(08) Footprints	(13) Photographs	(18) Tools	
(04) Bullet Casing	(09) Hair	(14) Semen	(19) Vehicle	
(05) Clothes	(10) Narcotics/Paraphernalia	(15) Skin	(20) Weapons	

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Property Segment

30. Type of Property Loss: ☐

- | | |
|----------------------------------|-----------------|
| (1) None | (5) Recovered |
| (2) Burned | (6) Seized |
| (3) Counterfeited/Forged | (7) Stolen/Etc. |
| (4) Destroyed/Damaged/Vandalized | (8) Unknown |

Property Description

- | | | |
|--|--|---------------------------------|
| (01) Aircraft | (17) Jewelry/Precious Metals | (32) Structures – Indust/Manuf. |
| (02) Alcohol | (18) Livestock | (33) Structures – Public/Comm |
| (03) Automobiles | (19) Merchandise | (34) Structures – Storage |
| (04) Bicycles | (20) Money | (35) Structures – Other |
| (05) Buses | (21) Negotiable Instruments | (36) Tools - Power/Hand |
| (06) Clothes/Furs | (22) Non-negotiable Instruments | (37) Trucks |
| (07) Computer Hardware/Software | (23) Office-Type Equipment | (38) Vehicle Parts/Accessories |
| (08) Consumable Goods | (24) Other Motor Vehicles | (39) Watercraft |
| (09) Credit/Debit Cards | (25) Purses/Handbags/Wallets | (77) Other |
| (10) Drugs/Narcotics | (26) Radios/TVs/VCRs | (88) Pending Inventory |
| (11) Drug/Narcotic Equipment | (27) Recordings – Audio/Visual | |
| (12) Farm Equipment | (28) Recreational Vehicles | |
| (13) Firearms | (29) Structures – Single Occupancy Dwellings | |
| (14) Gambling Equipment | (30) Structures – Other Dwellings | |
| (15) Heavy Construction/Industrial Equipment | (31) Structures – Other Commercial/Business | |
| (16) Household Goods | | |

31. Property Description:

(Enter up to ten from list)

32. Value of Property:

(Enter up to ten)

33. Date If Recovered:

<input type="checkbox"/>	\$ _____	Date: _____
<input type="checkbox"/>	\$ _____	Date: _____
<input type="checkbox"/>	\$ _____	Date: _____
<input type="checkbox"/>	\$ _____	Date: _____
<input type="checkbox"/>	\$ _____	Date: _____
<input type="checkbox"/>	\$ _____	Date: _____
<input type="checkbox"/>	\$ _____	Date: _____
<input type="checkbox"/>	\$ _____	Date: _____

***34. Property Entered Into NCIC:** ☐

(Y) Yes (N) No

35. Make/Brand/Breed/Color: _____

***36. Model:** _____ ***37. Caliber:** _____

Stolen Vehicle Information

38. Total # of Vehicles Stolen: ☐ **39. Total # of Vehicles Recovered:** ☐ ***40. Vehicle License Number:** _____

***41. Vehicle License State:** ☐ ***42. Vehicle License Year:** ☐ ***43. Vehicle ID #/Serial #:** _____

Drug Information

44. Suspected Drug Type: ☐ ☐ ☐

- | | | |
|---------------|-----------------------------------|-----------------------|
| (A) Crack | (H) Other Narcotics | (O) Other Depressants |
| (B) Cocaine | (I) LSD | (P) Other Drugs |
| (C) Hashish | (J) PCP | (U) Unknown Type Drug |
| (D) Heroin | (K) Other Hallucinogens | (X) Over 3 Drug Types |
| (E) Marijuana | (L) Amphetamines/Methamphetamines | |
| (F) Morphine | (M) Other Stimulants | |
| (G) Opium | (N) Barbiturates | |

45. Estimated Drug Quantity: ☐

(Enter up to three)

46. Type of Drug Measurement: ☐

- | | |
|-----------------------|------------------|
| (GM) Gram | (OZ) Ounce |
| (KG) Kilogram | (LB) Pound |
| (FO) Fluid Ounce | (GL) Gallon |
| (LT) Liter | (ML) Milliliter |
| (XX) Not Reported | (DU) Dosage Unit |
| (NP) Number of Plants | |

Witness Segment

***47. Witness Name: (Last, First, Middle)** _____

***48. Address: (Street, City, State & Zip)** _____

***49. Phone:** _____ ***50. Social Security #:** _____ ***51. DOB:** _____ ***52. Age:** _____

*53. Sex: <input type="checkbox"/>	*54. Race: <input type="checkbox"/>	*55. Ethnicity: <input type="checkbox"/>	Exact Age
(M) Male	(W) White (A) Asian/Pacific Islander	(H) Hispanic	(99) Over 98 Years Old
(F) Female	(B) Black (U) Unknown	(N) Non Hispanic	(00) Unknown
(U) Unknown	(I) American Indian/Alaskan Native	(U) Unknown	Any combination of " _ " to " _ "
			years

***56. Resident Status:** ☐

- (R) Resident (U) Unknown
(N) Non-Resident

***57. Employer:** _____ ***58. Address:** _____ ***59. Phone:** _____

(Street, City, State & Zip)

***If Juvenile Witness – Parent(s) Name(s):** _____ **If Juvenile Witness-School:** _____

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Offender/Arrestee Segment

Offender ☐ Arrestee ☐ Adult ☐ Juvenile ☐

60. Offender/Arrestee Sequence No.: (001-999) _____ 61. Total Number of Offenders: _____

62. Arrest Number: _____ 63. Arrest Date: _____ 64. Type of Arrest: (Enter only one) ☐
 (May be "Incident No." or unique arrest number) (O) On View (S) Summoned
 (T) Taken into Custody

65. Name: (Last, First, Middle) _____

66. Alias Name: _____

67. Address: (Street, City, State & Zip) _____ 68. Phone No.: _____

*69. Employer: _____ 70. Address: _____ 71. Phone No.: _____

72. Social Security #: _____ 73. Date of Birth: _____ 74. Age: _____

Exact Age
 (99) Over 98 years old (00) Unknown
 Any combination of " " " " years (offender only)

75. Sex: ☐ 76. Race: ☐ 77. Ethnicity: ☐ 78. Resident Status: ☐ 79. Disposition of Arrestee under 18: ☐
 (M) Male (W) White (H) Hispanic (R) Resident (H) Handled
 (F) Female (B) Black (N) Non Hispanic (N) Non-Resident (R) Referred
 (U) Unknown (A) Asian/Pacific Islander (U) Unknown (U) Unknown
 (I) American Indian/Alaska Native
 (U) Unknown

80. Height: ____ ft. ____ inches 81. Weight: _____

82. Gang Affiliation: ☐ *83. Hair Color: ☐ *84. Eye Color: ☐ 85. Scars/Tattoos: ☐
 (Y) Yes (BLK) Black (W) White (BLU) Blue (GRY) Grey (01) Designs (06) Numbers
 (N) No (GRY) Grey (U) Unknown (HAZ) Hazel (GRN) Green (02) Initial (07) Insignia
 (U) Unknown (RED) Red (BLD) Blonde (PNK) Pink (MAR) Maroon (03) Names (08) Scar
 (BRO) Brown (BLK) Black (BRO) Brown (04) Pictures (09) Birthmark
 (MUL) Multi-color (UNK) Unknown (05) Words (10) Multiple

86. Felony or Misdemeanor: ☐ 87. Federal Agency Involved: ☐ 85A. Location of Scar/Tattoo: (Enter only one)
 (F) Felony (Y) Yes (11) Left Arm (15) Left Hand (19) Neck
 (M) Misdemeanor (N) No (12) Right Arm (16) Right Hand (20) Chest
 (13) Left Leg (17) Face (21) Back
 (14) Right Leg (18) Head (22) Body

*88. Vehicle License No: _____ *89. Vehicle License State: _____ *90. Vehicle License Year: _____

*91. Vehicle Model/Make: _____ 92. Armed With: (Enter up to two) ☐ ☐
 (For 11-15 enter "A" if automatic)
 (01) Unarmed (14) Shotgun
 (11) Firearm (type not stated) (15) Other Firearm
 (12) Handgun (16) Lethal Cutting Instrument
 (13) Rifle (17) Club/Blackjack/Brass Knuckles

Driver's License Number and State: _____

93. Type of Assets Seized: (Enter up to three)

(V) Vehicle(s) ☐
 (B) Boat(s) ☐
 (A) Aircraft(s) ☐
 (C) Currency ☐
 (O) Other Financial Instrument(s) ☐
 (R) Real Property ☐
 (W) Weapon(s) ☐

94. Dollar Amount
 (Total Amount)

\$ _____

95. SID Number: _____ 96. FBI Number: _____ 97. PCN: _____ 98. Booked Where: (ORI#) _____

99. Multiple Arrestee Segments Indicator: (Enter only one) ☐
 (C) Count Arrestee (N) Not Applicable
 (M) Multiple

100. UCR Arrest Offense Code: _____
 (Most serious offense arrested for)

*If Juvenile Arrestee – Parent(s) Name(s): _____ *If Juvenile Arrestee – School: _____

Arresting Officer: _____ Charge: _____

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Victim Segment

101. Victim Type: (Enter only one) ☐ (B) Business (G) Government (L) Law Enforcement Officer (R) Religious Org. (U) Unknown
(F) Financial Institution (I) Individual (O) Other (S) Society/Public

***102. Victim Name: (Last, First, Middle):** _____

***103. Address: (Street, City, State & Zip):** _____

***104. Phone:** _____ ***105. Social Security #:** _____ ***106. DOB:** _____ **107. Age:** _____

108. Sex: ☐ (M) Male ☐ (F) Female ☐ (U) Unknown
109. Race: ☐ (W) White ☐ (A) Asian/Pacific Islander ☐ (B) Black ☐ (U) Unknown ☐ (I) American Indian/Alaskan Native
110. Ethnicity: ☐ (H) Hispanic ☐ (N) Non Hispanic ☐ (U) Unknown
Exact Age (BB) 7-364 Days (NN) Under 24 Hours (99) Over 98 Years Old
(NB) 1-6 Days (00) Unknown
Any combination of " " to " " years

111. Resident Status: ☐ (R) Resident ☐ (N) Non-Resident ☐ (U) Unknown
112. Gang Affiliation: ☐ (Y) Yes ☐ (N) No ☐ (U) Unknown
113. Type of Injury: (Enter up to five) ☐ ☐ ☐ ☐ ☐
(N) None (L) Severe Laceration (B) Apparent Broken Bones (M) Apparent Minor Injury (T) Loss of Teeth
(I) Possible Internal Injury (O) Other Major Injury (U) Unconsciousness

***114. Employer:** _____ ***115. Employer Address:** _____ ***116. Employer Phone:** _____

***If Juvenile - Parent(s) Name(s):** _____ **If Juvenile-School:** _____

117. & 118. Relationship of Victim to Offender & Offender Number to be Related:

	117. Victim	118. Offender	
Relationship 1	<input type="checkbox"/>	<input type="checkbox"/>	Victim was Within Family:
Relationship 2	<input type="checkbox"/>	<input type="checkbox"/>	(SE) Spouse (GP) Grandparent (AQ) Acquaintance (EE) Employee
Relationship 3	<input type="checkbox"/>	<input type="checkbox"/>	(SB) Sibling (SP) Step-Parent (BE) Babysitter (the baby) (ER) Employer
Relationship 4	<input type="checkbox"/>	<input type="checkbox"/>	(GC) Grandchild (PA) Parent (FR) Friend (XS) Ex-Spouse
Relationship 5	<input type="checkbox"/>	<input type="checkbox"/>	(SC) Step-Child (CH) Child (NE) Neighbor (OK) Otherwise Known
Relationship 6	<input type="checkbox"/>	<input type="checkbox"/>	(SS) Step-Sibling (IL) In-Law (BG) Boyfriend/Girlfriend
			(CS) Common-Law Spouse (OF) Other Family Member (CF) Child of Boyfriend/Girlfriend
			(HR) Homosexual Relationship
			Not Known by Victim:
			(RU) Relationship Unknown (VO) Victim was Offender
			(ST) Stranger

119. Aggravated Assault/Homicide Circumstances: ☐ ☐

Aggravated Assault/Murder (Maximum two)

(01) Argument (06) Lover's Quarrel
(02) Assault on Law Enforcement Officer (07) Mercy Killing
(03) Drug Dealing (08) Other Felony Involved
(04) Gangland (09) Other Circumstances
(05) Juvenile Gang (10) Unknown Circumstances

Negligent Manslaughter

(30) Child Playing with Weapon (33) Other Negligent Weapon Handling
(31) Gun Cleaning Accident (34) Other Negligent Killing
(32) Hunting Accident

Justifiable Homicide

(20) Criminal Killed by Private Citizen (21) Criminal Killed by Police Officer

120. Additional Justifiable Homicide Circumstances: ☐

(A) Criminal Attacked Police Officer & Officer Killed Criminal (D) Criminal Attempted Flight from Crime (G) Unable to Determine/Not
(B) Criminal Attacked Police Officer & Another Officer Killed Criminal (E) Criminal Killed in Commission of Crime Enough Information
(C) Criminal Attacked Civilian (F) Criminal Resisted Arrest

121. Total Number of Victims:(Up to 999) ☐ **122. Victim Sequence No.:(Ex. 001-999)** ☐ **123. Offense(s) Victim is Connected to: (Refer to #16)**
(Enter up to 10) ☐ ☐ ☐ ☐ ☐

124. Domestic Violence: ☐ (Y) Yes (U) Unknown (N) No
125. Domestic Violence Referrals: (Enter only one) ☐
(N) None (M) Medical (O) Other (F) Financial (L) Legal (S) Shelter (C) Counseling

Police Officer Victims: (Use ONLY if "L" is selected from #101 above.): ☐

126. Type of Activity:

(1) Responding to Disturbance Calls (Family Quarrels, Man with Gun, Etc.)
(2) Burglaries in Progress or Pursuing Burglary Suspects
(3) Robberies in Progress or Pursuing Robbery Suspects
(4) Attempting Other Arrests
(5) Civil Disorder (Riot)
(6) Handling, Transporting, Custody of Prisoners
(7) Investigating Suspicious Persons or Circumstances
(8) Ambush – No Warning
(9) Mentally Deranged
(10) Traffic Pursuits and Stops
(11) All Other

127. Type of Assignment:

(A) – Two-Man Vehicle
(B) – One-Man Vehicle: Alone
(C) – One-Man Vehicle: Assisted
(D) – Detective\Special Assignment: Alone
(E) – Detective\Special Assignment: Assisted
(F) – Other: Alone
(G) – Other: Assisted

Records Use

128. Cleared Exceptionally: ☐
(A) Death of Offender (C) Extradition Denied (E) Juvenile, No Custody
(B) Prosecution Declined (D) Victim Refused to Cooperate (N) Not Applicable

129. Exceptional Clearance Date: _____